

**GENERAL EXCISE BRANCH LICENSE
MAINTENANCE FORM**

(New, Change, Or Cancel Branch Activity)

TYPE OR PRINT LEGIBLY

1. TAXPAYER'S

(A) HAWAII TAX I.D. NO. **W** _____ - _____

(B) NAME _____

2. BRANCH INFORMATION:

CHECK ONE AND COMPLETE ITEMS INDICATED:

- ☐ 1 New (complete all items in (A) below)
☐ 2 Change (complete only items you are changing in (A) below)
☐ 3 Cancel (complete all items in (B) below)

(A) New or Change

(1) Branch DBA Name _____

(2) Branch Business Address _____

(3) Branch Business City/State _____ Zip Code _____

(4) Branch NAICS Code _____

(5) Date Branch Business Started _____ / _____ / _____
MO DAY YR

(B) Cancel

(1) Branch DBA Name _____

(2) Branch Business Address _____

(3) Branch Business City/State _____ Zip Code _____

(4) Date Branch Business Cancelled _____ / _____ / _____
MO DAY YR

MAILING ADDRESS & TELEPHONE NUMBERS

HAWAII DEPARTMENT OF TAXATION
P.O. Box 1425
Honolulu, HI 96806-1425
Telephone: 808-587-4242
Toll Free: 1-800-222-3229

THIS SPACE FOR DATE RECEIVED STAMP

The above information is hereby certified to be correct to the best knowledge and belief of the undersigned who is duly authorized to sign this form and understands that an unsigned form will not be accepted.

SIGNATURE

DATE

TITLE (OWNER, PARTNER OR MEMBER, OFFICER)